

**ADDENDUM NO. 15
TO THE AGREEMENT DATED AUGUST 21, 2019
BETWEEN THE GREATER ORLANDO AVIATION
AUTHORITY AND MOUNTCHOR TECHNOLOGIES, INC.**

Project: Corporate Name Change to Atlantis Electrical Systems, LLC, Orlando International and Executive Airports

THIS ADDENDUM is effective this day of Mar 7, 2024, by and between the **GREATER ORLANDO AVIATION AUTHORITY** ("Aviation Authority"), and **MOUNTCHOR TECHNOLOGIES, INC.** ("Contractor").

WITNESSETH:

WHEREAS, by Agreement dated August 21, 2019 Aviation Authority and Contractor entered into an agreement for Contractor to provide low voltage construction services; and

WHEREAS, under the Agreement, Contractor agreed to perform such additional services for the Aviation Authority as are contained in any additional scope of work established by the Aviation Authority in any addendum to the Agreement and accepted in writing by the Contractor; and

WHEREAS, the Aviation Authority and the Contractor desire to enter into this Addendum to the Agreement to provide for a name change under the terms of said Agreement.

NOW, THEREFORE, in consideration of the premises and the mutual covenants herein contained, the Aviation Authority and the Contractor do hereby agree as follows:

1. Contractor desires to change its name as more fully described in the attached Exhibit "A." All future Agreements, Addenda and change orders shall bear the new name and hereafter the firm shall be referred to as Atlantis Electrical Systems, LLC.
2. Except as expressly modified in this Addendum, the Agreement dated August 21, 2019 and all prior addenda will remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto by their duly authorized representatives, have executed this Addendum this day of Mar 7, 2024.

GREATER ORLANDO AVIATION AUTHORITY


box SIGN 4W88Q9ZJ-18798JZ5

By:

Max Marble
Sr. Vice President, Capital Programs

Approved as to Form and Legality
(for the benefit of GOAA only) on
this day of Mar 6, 2024



By:

box SIGN 1JBRLK51-18798JZ5

Nelson Mullins Broad & Cassel,
Legal Counsel, Greater Orlando
Aviation Authority

MOUNTCHOR TECHNOLOGIES, INC.


box SIGN 17K9L86Y-18798JZ5

By:

Signature (Duly Authorized Rep.)

Daniel

Printed Name

Fletcher

Title



MEMORANDUM

To: Members of the Construction Committee

From: Danielle Plummer, Manager, Contracts and Grants

Date: February 27, 2024

RE: Request for Approval of a No-Cost Addendum to the Continuing Low Voltage Construction Services Agreement with Mountchor Technologies, Inc. for Name Change to Atlantis Electrical Systems, LLC.

On August 21, 2019, the Aviation Authority executed a Low Voltage Construction Services Agreement with Orion Management Services, LLC ("Agreement"). On January 24, 2024, Mountchor Technologies, Inc. requested a name change due to an asset purchase agreement and have provided the attached W-9 and evidence of insurance in the name of Atlantis Electrical Systems, LLC. Personnel assigned to the agreement will remain the same.

It is respectfully requested that the Construction Committee approve a No-Cost Addendum to the Low Voltage Construction Services Agreement with Mountchor Technologies, Inc. to reflect a name change to "Atlantis Electrical Systems, LLC." and hereafter the firm shall be referred to as same.

Mountchor Technologies, Inc.

January 24, 2024

VIA EMAIL ONLY

Ian Brooks

ian.brooks@goaa.org

Re: Request for Consent to Assignment of Agreement for Continuing Low Voltage Construction Services

Dear Greater Orlando Aviation Authority:

Reference is made to the Agreement for Continuing Low Voltage Construction Services dated as of August 21, 2019 (the "**Agreement**") between Orion Management Services, LLC. Which was transferred over to Mountchor Technologies, Inc. as an Asset Purchase Agreement dated as of March 24, 2022 ("**we**" or "**our**") and Greater Orlando Aviation Authority, a public and governmental body existing under and by virtue of the laws of the State of Florida ("**you**" or "**your**").

In connection with the transfer of our business assets, we write to notify you that, we propose to assign the Agreement, including the assignment of all our rights and the delegation of all our performance under the Agreement to Atlantis Electrical Systems LLC, a Florida limited liability company (the "**Assignee**", and such assignment delegation, the "**Assignment**").

In accordance with the Agreement, we hereby request your consent to the Assignment. Please sign this letter to acknowledge your consent and return it to Josh Rabinowitz, CEO at Mountchor Technologies, Inc, at the following email address: jr@mountchor.com. In the interest of time, we ask that you send us this signed consent as soon as possible.

If you have any questions regarding the Assignment or this request for consent, please direct them to Josh Rabinowitz, at Mountchor Technologies, Inc. at the following email address: jr@mountchor.com.

We appreciate your assistance and thank you in advance for your prompt attention to this matter.

Very truly yours,

Mountchor Technologies, Inc.

By: 

Name: Josh Rabinowitz

Title: CEO

The undersigned hereby consents to the Assignment as of the date set forth below:

GREATER ORLANDO AVIATION AUTHORITY, a public and governmental body existing under and by virtue of the laws of the State of Florida

By: Karen Ryan

Name: boxSIGN 1/8RLK51-18798/JZ5

Title: For Form and Legality

Date: Mar 6, 2024

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

ATLANTIS ELECTRICAL SYSTEMS, LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► **S**

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

PO BOX 61569

6 City, state, and ZIP code

PALM BAY, FL 32906

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - _____

or

Employer identification number

4 5 - 2 8 5 3 0 9 4

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

M. Groner

Date ►

1/10/2024

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/30/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER A&C Insurance, Inc. 310 N. Babcock St Melbourne FL 32935	CONTACT NAME: Wayne Glisson PHONE (A/C, No, Ext): (321) 253-5865 FAX (A/C, No): (321) 253-5776 E-MAIL ADDRESS: Wayne@AandCinsurance.com
INSURED Atlantis Electrical Systems LLC 2101 Waverly Place Suite 100 Melbourne FL 32901	INSURER(S) AFFORDING COVERAGE INSURER A: Berkley Assurance Company INSURER B: AmGUARD Insurance Company INSURER C: Nautilus Insurance Company INSURER D: Benchmark Insurance Company INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 23-24**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			VUMA0300630	02/08/2023	02/08/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ATAU450871	02/08/2023	02/08/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			AN1277640	02/14/2023	02/08/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A	TWFL0000737800	01/14/2024	01/14/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The General Liability policy includes an automatic Additional Insured endorsement that provides Additional Insured status, only when there is a written contract that requires such status, and only with regard to work performed on behalf of the insured.

CERTIFICATE HOLDER**CANCELLATION**Greater Orlando Aviation Authority Reference#: 201907-LV4 c/o
PO Box 140528

Kansas City

MO 64114

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